

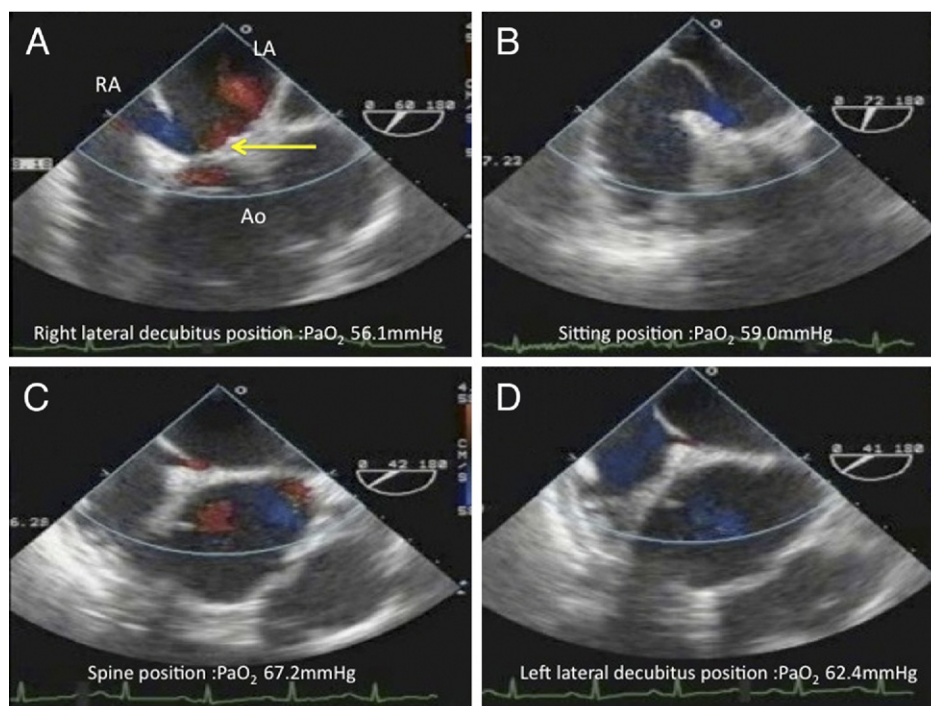
IMAGES IN CARDIOLOGY

Right-to-Left Shunting in the Right Lateral Decubitus and Upright Positions

A Variant of Platypnea-Orthodeoxia Syndrome

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An 82-year-old woman who had undergone ascending aorta and aortic valve replacement 4 years earlier presented with worsening recurrent episodes of sudden-onset dyspnea, all while in the seated position. In the emergency room, significant hypoxia was confirmed when the patient was seated and lying on her right side. When the patient rolled to her left side, her oxygenation suddenly improved.

Initial workup was negative for pulmonary embolism, interstitial lung disease, or pulmonary hypertension. Transesophageal echocardiography was then performed with the patient in multiple positions.

As shown in [Online Videos 1, 2, and 3](#), the foramen ovale (**A**, **yellow arrow**) was wide open, with a right-to-left shunt across the defect while the patient was sitting and in the right lateral decubitus position (**A**, **B**) but improved while in the supine (**C**) and the left lateral decubitus (**D**) positions. The partial pressure of oxygen in arterial blood was similarly improved when the patient was moved from the former to the latter position.